## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 1.1-A

State of Nebraska

ATTORNEY GENERAL'S CERTIFICATION		
I certify that:		
	partment of Health and Huagency responsible for:	man Services Finance and Support is the
X administ	ering the plan.	
	ons 68-701 et seq. and 68-	agency administers the plan on a Statewide basis 1018 through 68-1025, R.R.S., 1943, as amended tory citation)
supervis	sing the administration of th	e plan by local political subdivisions.
	al authority under which the	e agency supervises the administration of the plan
		(statutory citation)
	ency's legal authority to m subdivisions administering	ake rules and regulations that are binding on the the plan is(statutory citation)
<u>/- 24</u> Date	<u>197</u>	Donald B. Stenberg Attorney General  By (Signature)
		Royce N. Harper Senior Assistant Attorney General (Name and Title)
Transmittal # MS	-97- <b>6</b>	
Supersedes	Approved	Effective JAN 1 1991

Transmittal No. MS-91-8